

PERMANENT RECORD  
WRITE PLAINLY WITH UNFADING INK  
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>182</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>831</u>
Town of _____	No. _____		Local Registrar No. _____
or _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
City of <u>Globe</u>	2. Full name of child <u>James Edward Carmack</u>		If child is not yet named, make supplemental report, as directed.
3. Sex of Child <u>M</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No. in order of birth _____	7. Date of birth <u>10-30-24</u>		Month day year
3. FATHER		14. MOTHER	
Full name <u>Claude Edward Carmack</u>		Full maiden name <u>Gertrude Ruth Lightfoot</u>	
9. Residence (Usual place of abode) <u>Globe</u>		15. Residence (Usual place of abode) <u>Globe</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
16. Color or race <u>W</u>		16. Color or race <u>W</u>	
11. Age at last birthday <u>24</u> (Years)		17. Age at last birthday <u>22</u> (Years)	
12. Birthplace (city or place) <u>Eden</u>		18. Birthplace (city or place) <u>Bowling Green</u>	
(State or country) <u>Ariz.</u>		(State or country) <u>Ky</u>	
13. Occupation <u>Mechanic</u>		19. Occupation <u>Housewife</u>	
Nature of industry _____		Nature of industry _____	
20. Number of children of this mother (a) Born alive and now living _____		21. Were precautions taken against opthalmia neonatorum? <u>yes</u>	
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead _____			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1:45</u> p.m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>[Signature]</u>	
Given name added from a supplemental report _____		Address <u>Globe</u>	
Month, day, year. _____		(Physician or midwife)	
Registrar. _____		Filed <u>11-1</u> 19 <u>24</u> <u>[Signature]</u>	
		Filed <u>11-5</u> 19 <u>24</u> <u>[Signature]</u>	
		County Registrar.	

132-1030-733